

Project Number _____
Receipt _____
Date _____

SPECIAL EVENT APPLICATION

Applicant Name _____

Street Address: _____

City/ Zip: _____

Daytime Phone Number: _____ Fax: _____

Name of Organization: _____

Location of Event: _____

Date(s) of Event: _____ Hours of Event: _____

Description of Event: _____

Estimated Attendance: _____

Is your event a fund raiser: ☐ Yes ☐ No

If yes, circle one: Donation/ Drawing/ Admissions/ Sales/ Other _____

Will you have amplified music? ☐ Yes ☐ No

Does your event require water access: ☐ Yes ☐ No (access not available at all locations)

Does your event require electrical access: ☐ Yes ☐ No (access not available at all locations)

Will there be any need to bring vehicles onto the site? ☐ Yes ☐ No

If yes, please explain: _____

Do you have Insurance Coverage (if applicable)? ☐ Yes ☐ No

Name of Carrier: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S OR
MANAGER'S SIGNATURE: _____ DATE: _____

***** FOR CITY USE ONLY *****

☐ Event Approved ☐ Event Denied

☐ Conditions of Approval (attached)

☐ Public Works Work Request: _____

Date of Work Request: _____

Insurance Coverage: ☐ Approved/ ☐ Denied/ Expiration Date: _____

City named as additional carrier? ☐ Yes ☐ No

Refundable Deposit Amount Paid \$ _____ Amount Refunded \$ _____

Refundable Public Safety Deposit Amt. Pd. \$ _____ Amount Refunded \$ _____

Authorized Signature: _____

Date: _____ Fee Waived by City Manager _____